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PTO/SB/56 (12/97)

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REISSUE APPLICATION FEE TRANSMITTAL FORM

Docket Number (Optional)

8371/9

Claims as Filed - Part 1

Claims in Patent	For	Number Filed in Reissue Application	(3) Number Extra	Small Entity		Other than a Small Entity		
				Rate	Fee	Rate	Fee	
(A) 4	Total Claims (37 CFR 1.16(i))	(B) 4	0	x \$9=		or	x \$18=	\$0
(C) 1	Independent Claims (37 CFR 1.16(j))	(D) 1	0	x \$42=			x \$84=	\$0
Basic Fee (37 CFR 1.16(h))					\$ 370			\$740
Total Filing Fee					\$		OR	\$

Claims as Amended - Part 2

	(1) Claims Remaining After Amendment		(2) Highest Number Previously Paid For	(3) Extra Claims Present	Small Entity		Other than a Small Entity		
					Rate	Fee	Rate	Fee	
Total Claims (37 CFR 1.16(j))	38	MINUS	20	= 18	x \$9=		or	x \$18=	\$324
Independent Claims (37 CFR 1.16(i))	4	MINUS	1	= 3	x \$42=			x \$84=	\$252
First Presentation of Multiple Dependent Claim				=	x \$140=			x \$280=	
Total Additional Fee					\$		OR	\$576	

*If the entry in (D) is less than the entry in (C), Write "0" in column 3.

**If the "Highest Number of Total Claims Previously Paid For" is less than 20, Write "20" in this space.

***After any cancellation of claims

****If "A" is greater than 20, use (B-A); if "A" is 2 or less, use (B-20).

*****"Highest Number of Independent Claims Previously Paid For" or Number of Independent Claims in Patent (C).

☐ Please charge Deposit Account No. 23-1925 in the amount of \$
A duplicate copy of this sheet is enclosed.

☒ The Commissioner is hereby authorized to charge any additional fees under 37 CFR 1.16 or 1.17 which may be required, or credit any over payment to Deposit Account No. 23-1925.
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☒ A check in the amount of \$1,316.00 to cover the filing/additional fee is enclosed.

October 29, 2001
Date

Signature of Applicant, Agent or Agent of Record

John C. Freeman
Typed or Printed Name